

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573835

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		(1)		3		
5		(1)		3		
6		(1)		3		
7		(1)		3		
8		(1)		3		
9		(1)		3		
10		(1)		3		
11		(1)		3		
12		(1)		3		
13		(1)		1		
14		(1)		1		
15		(1)		1		
16	1		1			
17		1		1		
18		2		1		
19		(1)		1		
20		(1)		1		
21		(1)		1		
22		(1)		1		
23		(1)		1		
24		(1)		1		
25		(1)		1		
26		(1)		1		
27		(1)		1		
28		(1)		1		
29		(1)		1		
30		(1)		1		
31	1		1			
32		1		1		
33		1		1		
34		1		1		
35	1		1			
36		1		1		
37		1		1		
38		1		1		
39	1		1			
40		1		1		
41		1		1		
42		1		1		
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49						
50						
TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	39	←	55	←		←
TOTAL CLAIMS	44		60			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						